



Nutritional, Herbal and Natural Medicines | Practitioner Education

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Hair Tissue Mineral Analysis Pathology

Issue 35

Using hair analysis to improve teenage health – a case study

This year's seminar series: Runs in the Family, Family Health, Generations and Environmental Toxicity, explores the intricate nature of generational health, nutritional anomalies and environmental overload. In this newsletter, guest lecturer Janine Castle, Naturopath and experienced practitioner in Hair Tissue Mineral Analysis interpretation, gives us a taste of what we can expect from her lecture presentations in this year's Nutritional Medicine Practitioner Seminar Series.

In the clinical case study below, Janine discusses a teenager presenting with developmental symptoms. Through HTMA testing, Janine was able to determine the patient's metabolic profile, mineral and heavy metal status. Using nutritional therapy Janine produced a successful outcome and explains her process of treatment.

To register and still receive early bird special prices, please refer to the seminar information listed below.

Also, this month InterClinical Laboratories is offering a 5 + 1 sale on Memax 60 capsules, Pyridox Plus and HCL Plus. Memax is a synergistic mix of the herbs Bacopa, Withania and Schisandra. It assists with nervous tension, memory, learning and concentration. Pyridox Plus contains vitamin B6, with cofactors



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Yours in good health,

The Staff at InterClinical Laboratories

Clinical case study

Teenage health and Hair Tissue Mineral Analysis

Janine Castle,

Naturopath, BSc. Dip Appl Sci (Nat)

Following children through to teenage years with hair analysis is particularly important. The phases of childhood have different requirements and gender also needs to be taken into consideration. An initial HTMA may reveal the baseline deficiencies and excesses requiring supplementation. However a treatment plan for children must include scheduled annual repeat tests to monitor mineral levels and observe natural growth changes over a period of time.

11yo Lucy first came to see me with poor concentration, mood swings, anxiety, fatigue, the beginnings of acne and weight gain. Her questionnaire also revealed excessive gas, depression, headaches, achy joints, poor decision making, dry skin and odorous genital discharge.

Her mother suspected she had Aspergers but wanted my opinion. I found her sluggish, detached and withdrawn. Although I referred her to a child psychologist colleague, I suspected she had a slow metabolism. Although her hormonal levels would be increasing, this should not result in the above symptoms.

Her hair analysis revealed high calcium with low phosphorus and low potassium, typical of hypothyroidism. She was Metabolic Type Slow 1. Her copper was also very high which is toxic to the endocrine system.

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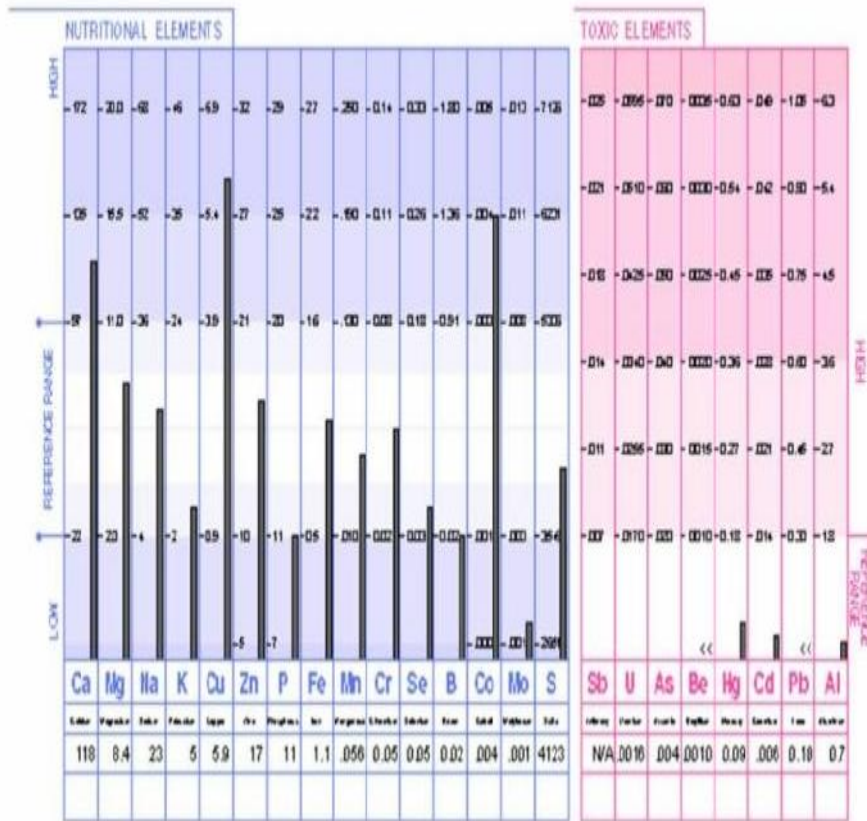
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Both the report and my assessment concluded she had an under-active thyroid gland and treated her with high doses of zinc, iodine and potassium daily.



Ideally children need to have a fast metabolism to grow, be active and alert. Calcium levels are typically low in a healthy child, indicating a fast utilisation of structural elements. Higher phosphorus levels propel rapid growth of bones and aerobic activity.

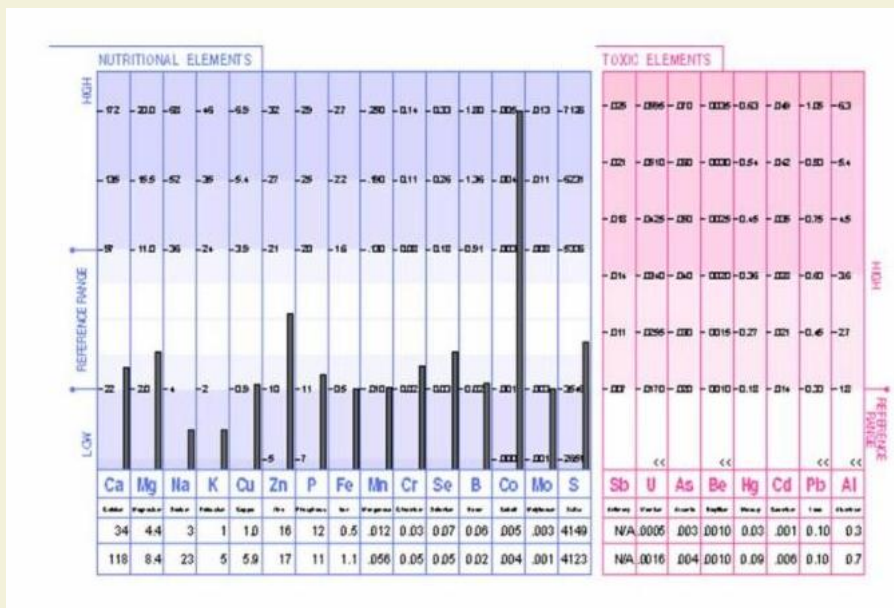
At 11yo, a slowing of the thyroid is not a great start to puberty. Doctors of old called a child with Hypothyroidism a "cretin". With modern psychology, we no longer call children cretins, but have a long list of developmental syndromes to explain why children have poor mental/social function.

Four months later her mother reported Lucy was much better generally, with stable moods, better energy and concentration, clear skin, weight

loss, no discharge and had a sparkle in her eye. Her mother was no longer concerned with her daughter having Aspergers' Syndrome and said she had come alive. Lucy continued a moderate regime for over twelve months.

Two years later at 13yo, Lucy presented with fatigue and frequent colds. She had been very energetic until recently with a heavy schedule of sporting activities. Her mother said she had been happy and well balanced since the previous appointment. She had been menstruating for one year.

Her second report revealed a different child. She no longer had high calcium or copper, but had low iron, sodium and potassium. This pattern is typical of menstruating women who become anaemic. Anaemia challenges the adrenals to produce a high output of adrenaline and cortisol to keep going, resulting in burnout and sodium/potassium loss. Addressing the iron is the key to improving sodium and potassium retention in this case.



Lucy's new teenage regime now included iron, which improved her energy, exercise stamina and immunity considerably.

Janine Castle is this year's guest speaker at InterClinical Laboratories 2014 Nutritional Medicine Practitioner Seminar Series. Janine is a

Naturopath with 20 years of clinical practice experience in the area of family healthcare. Her investigative approach involves hair tissue mineral analysis with blood, saliva and urine analysis, allergy testing and stool analysis for children and their parents. Janine uses nutraceuticals, homeopathy and herbal medicines with a contemporary approach in treating nutrient imbalances, heavy metal contamination and health problems.

InterClinical Laboratories Practitioner Seminar Series 2014



Runs in the Family

Family Health, Generations and Environmental Overload

Exposing nutritional anomalies, metabolic dysfunctions & toxicity in parent and children to improve clinical outcomes.

Hair Tissue Mineral Analysis Seminar and Workshop

[Click here for more information](#)

Book now for early bird specials – before they fly away

Adelaide: 31st May & 1st June

Brisbane: 14th & 15th June

Melbourne: 21st & 22nd June

Perth: 19th & 20th July

Sydney: 26th & 27th July

Auckland: 6th & 7th September

Need more information?

Need help interpreting your patient's hair tissue mineral analysis report? Do you require further information on any of our nutritional, herbal and natural medicines? If so, please don't hesitate in contacting us. We have qualified practitioners ready to take your call.

You can call us anytime Monday to Friday, 9am–5pm AEDT.

Let us help you build your practice with better clinical outcomes.



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